

Case Caption

Interpreter Request

Case No. _____

1.

Name of Person Requesting Interpreter		Address
Telephone/TTY Number	Date Request Submitted	

2. The person who needs the interpreter is a:

☐ party. ☐ witness who is testifying. ☐ victim. ☐ other: _____

3. The interpreter will be needed:

☐ on (date) _____ at (time) _____ ☐ a.m. ☐ p.m.
☐ for all proceedings related to this case.

4. The language needed is:

<input type="checkbox"/> Spanish	<input type="checkbox"/> German	<input type="checkbox"/> Portuguese
<input type="checkbox"/> Hmong	<input type="checkbox"/> Hindi	<input type="checkbox"/> Punjabi
<input type="checkbox"/> Albanian	<input type="checkbox"/> Italian	<input type="checkbox"/> Russian
<input type="checkbox"/> Arabic	<input type="checkbox"/> Japanese	<input type="checkbox"/> Somali
<input type="checkbox"/> Bosnian/Croatian /Serbian	<input type="checkbox"/> Khmer	<input type="checkbox"/> Thai
<input type="checkbox"/> Bulgarian	<input type="checkbox"/> Korean	<input type="checkbox"/> Tibetan
<input type="checkbox"/> Chinese-Cantonese	<input type="checkbox"/> Lao	<input type="checkbox"/> Urdu
<input type="checkbox"/> Chinese-Mandarin	<input type="checkbox"/> Mai-Mai/Bantu	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> French	<input type="checkbox"/> Polish	
<input type="checkbox"/> Other (specify dialect): _____		

(Complete the following, if different from number 1 above.)

5. Name of person completing this request: _____

Telephone/TTY Number: _____

Mailing Address: _____

IT IS ORDERED:
☐ This interpreter request is approved for: ☐ all court proceedings ☐ other: _____

☐ This interpreter request is denied because: _____
BY THE COURT:

Distribution:

1. Judge
2. Clerk of Court
3. Attorney/party
4. Other: _____

Court Official_____
Name Printed or Typed_____
Date